UNITED STATES

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OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response... 16.00

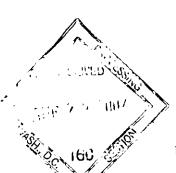
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SEC USE ONLY

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SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ([] check if the	is is an amendment and name has cha	inged, and indicate change.)	PROCESSED
Interest in raw land-Chinden R	oad, Ada County, Idaho		AUG 3 0 2007
		,	THOMSON
Filing Under (Check box(es) that apply):	[] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6)	[] ULOE
	Type of Filing: [X] New Filing	ng [] Amendment	
	A. BASIC IDENTIFIC	CATION DATA	
			07076055
Enter the information requeste	d about the issuer		0101000
Name of Issuer ([] check if this DBSI Chinden Road Units LLC	is an amendment and name has changed	, and indicate change.)	
Address of Executive Offices 1550 S. Tech Lane	(Number and Street, City, State, Zip Coo Meridian, ID 83642	de) Telephone Numbe 800-678-9110	er (Including Area Code)
Address of Principal Business Op (if different from Executive Office	perations (Number and Street, City, States)	e, Zip Code) Telephone Num	ber (Including Area Code)
Brief Description of Business Interest in Real Property			
Type of Business Organization			
orporation	[] limited partnership, already forme		
] business trust	[] limited partnership, to be formed	Limited Liability Co	mpany
	Month	Year	
Actual or Estimated Date of Incor	poration or Organization: [07]	[07] [X] Actual [] Estimated
Jurisdiction of Incorporation or O	ganization: (Enter two-tetter U.S. Postal S CN for Canada; FN for other forei		
GENERAL INSTRUCTIONS			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director [X]	Managing Member	
Full Name (Last name DBSI Housing, Inc.	first, if individual)				A	
Business or Residence 1550 S. Tech Lane, M		d Street, City,	State, Zip Code)			,
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[X] Executive Officer	[X] Director []	General and/or Managing Partner	
Full Name (Last name Swenson, Douglas L.						
Business or Residence 1550 S. Tech Lane, M		d Street, City,	State, Zip Code)			
Check Box(es) that Ap	ply: [] Promoter [] B	eneficial Own	er [X] Executive Office		General and/or Managing Partner	
Full Name (Last name Hassard, Charles E.	first, if individual)					
Business or Residence 1550 S. Tech Lane, M		d Street, City,	State, Zip Code)	-		
Check Box(es) that Ap	ply: [] Promoter [] B	eneficial Own	er [X] Executive Office		General and/or Managing Partner	
Full Name (Last name Mayeron, John M.	first, if individual)					
Business or Residence 1550 S. Tech Lane, M		d Street, City,	State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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Full Name (Last name first, if individual) Crown Capital Securities, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 725 Town & Country Road, Suite 530, Orange, CA 92868 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AK] x [AZ] x [AR] x [CA] x [CO] x [DE] x [DC] x [FL] x [GA] x $[HI] \times$ [ID] x [IL] x [IN] x [[A]] x [KS] x [KY] x [LA] x [ME] x [MD] x [MA] x[MI] x [MN] x [MS] x [MO] x [NH] x [PA]x $[MT] \times$ [NV] x [NJ] x (NM) x [NY] x [NC] x [ND] x (OH) x [OK] x [OR] x [NE] x [RI] x [SC] x [SD] x [TN] x [TX] x [UT] x [VT] x [VA] x [WA] x WVI x [WI] x [WY] x [PR] Full Name (Last name first, if individual) Cullum & Burks Securities, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) One Galleria Tower, Dallas, TX 75240 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AK] [CA] x [DC] [GA] x [HI] [ID] x [AL] x [AZ] x [AR] x [CO] x [CT] x (DE) [FL] x [MO] x [KS] x [KY] x [ME] x [MD] x [MA] x $[MI] \times$ [MN] x[MS] x [IL] x (IN) x $\{IA\} \times$ [LA] x [MT] x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] x [OH] x [OK] x [OR] x [PA] x [WI] x [WY] [PR] [RI] [SC] x [SD] [TN] x [TX] x [UT] x [VII] [VA] x [WA] x WV Full Name (Last name first, if individual) **Direct Capital Securities** Business or Residence Address (Number and Street, City, State, Zip Code) 1333 2nd Street, Suite 600, Santa Monica, CA 90401 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [x] All States [AL] [AR] [CA] [CO] [CT] [DC] [FL] [GA] [HI] [ID] [AK] [AZ] [DE] [KS] [KY] [LA] [ME] [MA] [MN] [MS] [MO] [IN] [Al] [MD] [MI] [OR] [PA] [MT][NE] [NV] [NH] [NJ][MM] [NY] [NC] [ND] [OH] [OK] [PR] [RI] [SC] [SD] [TN] ITXI ודטו M [VA] [WA] [WV] [WI] [WY] Full Name (Last name first, if individual) Finance 500 Business or Residence Address (Number and Street, City, State, Zip Code) 19762 Macarthur Blvd #200, Irvine, CA 92612 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] x [AK] [AZ] x [AR] x [CA] x [CO] x [CT] x [DE] x [DC] x [FL] x [GA] x [HI] x [ID] x [ME] x [MD] x [MA]x[MI] x [MN] x [MS] x [MO] x [IL] x [IN] x [IA] x [KS] x [KY] x [LA] x [OK] x [OR] x [PA] x [MT] x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] [OH] x [PR] [RI]x[SD] x [TN] x [TX] x [UT] x [VT] [VA] x [WA] x [WV] x [WI] x [WY] x[SC] x

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States	in Which	Person	Listed Ha	s Solicite	d or Inten	ds to Soli	cit Purch:	asers				·	
(Checl	k "All Sta	tes" or ch	eck indiv	idual Stat	tes)					[x] All State	s	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[X]] [NJ]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
,			rst, if indi			[**]	[47.4]			[,,,]	[]		
			ciates, In								 		
			Address (e, MA 024		and Street	t, City, Sta	ate, Zip C	ode)					
Name	of Assoc	iated Bro	ker or De	aler			* ***						
					d or Inten		cit Purcha	asers		[] All State	es	
[AL]	[AK] x	[AZ]	[AR]	[CA] x	[CO] x	[CT] x	[DE]	[DC] x	[FL]	x [GA]	x [HI]	[ID]	
[IL] x	[IN]	[IA] x	[KS]	[KY]	[LA]	[ME] x	[MD] x					[MO]	
[MT]	[NE]	[NV] x	[NH]	[NJ] x	[NM]	[NY] x	[NC]	[ND]	[OH]			[PA] x	
[Ri] x	[SC] x	[SD]	[TN] x	[TX]	[UT] x	[VT]	[VA] x	x [AW]	(WV)	[WI]	x [WY]	[PR]	

	me (Last Securiti			ridual)									
Busine 1821 5	ss or Res 6 th Ave. \$	sidence A Ste. B, G	ddress (I reeley, C	Number a	and Stree	t, City, St	ate, Zip C	ode)					
Name	of Associa	ated Brok	er or De	aler									
States	in Which	Person L	isted Ha	s Solicite	d or Inten	ds to Soli	icit Purch	asers				······································	
(Check	"All State	es" or che	eck indivi	dual Stat	tes)					[] All State	s	
[AL] x	[AK]	[AZ] x	[AR] x	[CA] x	[CO] x	[CT] x	[DE] x	[DC] x	[FL] x	[GA] x	[HI] x	[ID] x	
[IL] x	[IN] x	[IA] x	[KS] x	[KY] x	[LA] x	[ME] x	[MD] x	[MA] x	[MI] x	[MN] x	[MS] x	[MO] x	
x [TM]	[NE] x	[NV] x	[NH]	[NJ] x	[NM] x	[NY] x	[NC] x	[ND]	[OH] x	[OK] x	[OR] x	[PA] x	
[RI] x	[SC] x	[SD] x	[TN] x	[TX] x	[UT] x	[VT]	[VA] x	[WA] x	[WV] x	[WI] x	x [YW]	[PR]	
	me (Last inancial s			vidual)	· · · · · · · · · · · · · · · · · · ·								
Busine 8620 V	ss or Res V. 110 th S	idence A treet, Su	ddress (I i ite 200 ,	Number a	and Stree d Park, K	t, City, St S 66210	ate, Zip C	ode)					
Name	of Associa	ated Brok	er or De	aler									
States	in Which	Person L	isted Ha	s Solicite	d or Inten	ds to Soli	icit Purcha	asers			· - · · · · ·		
(Check	"All State	es" or che	eck indivi	dual Stat	es)					[x]	All State	\$	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
,			ا مواز)	hlank eh	eet or co	nov and i	ise addit	ional con	ies of thi	s sheet :	as neces	sary)	
			(036)	Dialik 511	004 01 00	py and t	asc addit	onar cop	ics of thi	3 311CCL, 1	10000	pa. y.,	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify <u>Tenant in Common Interest</u>).	\$ <u>5,700,000.00</u>	\$
Total	\$5,700,000.00	\$0
Answer also in Appendix, Column 3, if filing under ULOE.		

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Number

Aggregate

		Pollar Amount of Purchases
Accredited Investors		0
Non-accredited Investors	Ψ	<u> </u>
Total (for filings under Rule 504 only)		0
Answer also in Appendix, Column 4, if filing under ULOE.	·	<u> </u>
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information re for all securities sold by the issuer, to date, in offerings of the types indicated, (12) months prior to the first sale of securities in this offering. Classify securities listed in Part C-Question 1.	the twelve	
		Oollar Amount
Type of offering	, , , , , , , , , , , , , , , , , , , ,	Sold
Rule 505	\$	
Regulation A	\$	
Rule 504	\$	<u>-</u>
Total	\$	0
4. a. Furnish a statement of all expenses in connection with the issuance and of the securities in this offering. Exclude amounts relating solely to organizatio expenses of the issuer. The information may be given as subject to future confit the amount of an expenditure is not known, furnish an estimate and check the left of the estimate.	n tingencies.	
Transfer Agent's Fees		[] \$
Printing and Engraving Costs		[X] \$3,000.00
Legal Fees		[X] \$ <u>40,000.00</u>
Accounting Fees		[] \$
Engineering Fees		[]\$
Sales Commissions (specify finders' fees separately)		[X] \$ <u>443,457.00</u>
Other Expenses (identify) Marketing, Wholesaling, and Organizational		[X] \$320,055.00
Total		[X] \$ <u>806,512.00</u>
 b. Enter the difference between the aggregate offering price given in response expenses furnished in response to Part C - Question 4.a. This difference is the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer use to be used for each of the purposes shown. If the amount for any purpose is number of the stimate and check the box to the left of the estimate. The total of the listed must equal the adjusted gross proceeds to the issuer set forth in response Question 4.b above. 	e "adjusted gross proceeds to t d or proposed ot known, ne payments	al he \$ <u>4,893,488.00</u>
Question 4.5 above.	Payments to	
	Officers,	
	Directors, &	Payments To
	Affiliates	Others
Salaries and fees	[]\$	[]\$
Purchase of real estate	[X] \$ <u>242,741.0</u>	00 [X] \$4,502,399.00
Purchase, rental or leasing and installation of machinery and equipment	[]\$	
Construction or leasing of plant buildings and facilities	[]\$	_ []\$
Acquisition of other businesses (including the value of		
securities involved in this offering that may be used in	[]\$	_ []\$
exchange for the assets or securities of another issuer		- ···
pursuant to a merger)	r i e	(1.6
Repayment of indebtedness Working capital	[]\$ []\$	
Other (specify): Accountable Reserves	[]\$ []\$	[X] \$ <u>25,000.00</u>
Acquisition Related Expenses	[]\$	
Due Diligence Analysis		
Column Totals	[X] \$ <u>242,741.0</u>	<u>/∪ [∧]⊅_4,0/∠,/09.00</u>

X	\$4	91	5,5	1	0.	00

	D. FEDERAL SIGNATURE	
following signature constitutes an undertaking by the issu	ne undersigned duly authorized person. If this notice is filed under Rule 505, the uer to furnish to the U.S. Securities and Exchange Commission, upon written non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	
Issuer (Print or Type)	Signature Date	
DBSI Chinden Road Units LLC, an Idaho LLC	Ada 8/21/07	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
By DBSi Housing, Inc. , its member	Adam Cleary, its Authorized Representative	
	ATTENTION	
Intentional misstatements or omissi	ions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)	

•	E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 presently subject.		h Yes No
rule?	•	[] [X]"
See Apper	ndix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to furnish to a (17 CFR 239,500) at such times as required by state law.	any state administrator of any state in which this	notice is filed, a notice on Form D
 The undersigned issuer hereby undertakes to furnish to tofferees. 	the state administrators, upon written request, inf	ormation furnished by the issuer to
4. The undersigned issuer represents that the issuer is fam Offering Exemption (ULOE) of the state in which this notice has the burden of establishing that these conditions have b	e is filed and understands that the issuer claiming	
The issuer has read this notification and knows the content undersigned duly authorized person.	is to be true and has duly caused this notice to be	signed on its behalf by the
ssuer (Print or Type)	Signature Date Ala lie 8/21/07 Title (Print or Type)	
DBSI Chinden Road Units LLC, an Idaho LLC	18/21/07	
Name of Signer (Print or Type)	Title (Print or Type)	

Adam Cleary, its Authorized Representative

Instruction:

By DBSI Housing, Inc., its member

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

